



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	10/613,911
Filing Date	July 5, 2003
First Named Inventor	Alexander Medvinsky
Group Art Unit	2136
Examiner Name	Hoffman, Brandon S.
Attorney Docket Number	D03041

ENCLOSURES

(check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment/Reply

☒ Prior to Additional
Examination

☐ Affidavits/Declaration(s)

☒ Extension of time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Documents

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
Under 37 CFR 1.52 or 1.53

☐ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-Related papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation,
Change of Correspondence
Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CDs

Remarks

☐ After Allowance

Communication to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter with appropriate copies

☐ Other Enclosure(s) (please identify below)

☐ Response to Restriction Requirement

☐ Associate Power of Attorney

☒ RCE

☐ Copy of Notice to File Missing Parts

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or
Individual

Benjamin D. Driscoll

Registration No.

41,571

Signature

Date

September 26, 2005

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

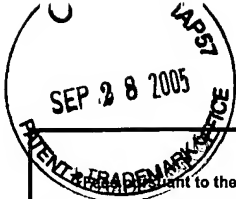
Typed or printed name

Carol J. Smith

Signature

Date

September 26, 2005



Effective on 12/08/2004

Subject to the Consolidated Appropriations Act. 2005 (H.R. 4818)

FEE TRANSMITTAL**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

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TOTAL AMOUNT OF PAYMENT **(\$ 910)****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = x = Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims Fee(\$) Fee Paid(\$)

Indep. Claims - 3 or HP = x = Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid(\$)

4. OTHER FEE(S)

Petition for 1 Mo Extension of Time \$120

RCE \$790

Fee Paid (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-3223-1840
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Signature

Date

September 26, 2005